

**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF LABOR STANDARDS
DIVISION OF APPRENTICE STANDARDS
P.O. Box 146759 19 Staniford St. 2nd Floor BOSTON, MA 02114**

Company Name_____

Company Address_____

City, State, Zip Code_____

In compliance with the Regulations and Standards of the Apprenticeship Program we are hereby notifying the Division of Apprentice Standards that the following apprentice(s) are being **EXTENDED.**

Apprentice Name_____

Extended From: _____ **To:** _____

Reason for Extension _____

Apprentice Name_____

Extended From: _____ **To:** _____

Reason for Extension _____

Apprentice Name_____

Extended From: _____ **To:** _____

Reason for Extension _____

Apprentice Name_____

Extended From: _____ **To:** _____

Reason for Extension _____

Apprentice Name_____

Extended From: _____ **To:** _____

Reason for Extension _____